

12-20-01

Law Office of Gerald Maliszewski

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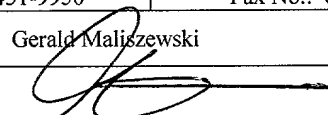
gerry@iPATENTit.net

O] 858-451-9950

F] 858-451-9869

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Attorney Docket No.		applied_108	
Client Matter Number			
First Inventor or Application Identifier:		Yun et al.	
Title:		SYSTEM AND METHOD FOR SIMULTANEOUS DEFICIT ROUND ROBIN PRIORTIZATION	
Express Mail Label No.:			
Application Elements (See MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, & duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>37</u>] (preferred arrangement set forth below) <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (if filed) • Detailed Description • Claim(s) • Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>10</u>] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power Of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment (___ pgs.) 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Express Mail Certification 17. <input checked="" type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 18. <input checked="" type="checkbox"/> OTHER: Check # <u>1126</u> (\$1088)	
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: ___ / ___ Prior application information: Examiner: _____ Group/Art Unit: _____			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number (29397) Or Bar Code Label OR <input type="checkbox"/> Correspondence Address Below		 29397 PATENT & TRADEMARK OFFICE	
NAME		ATTN: Gerald Maliszewski	
		LAW OFFICE OF GERALD MALISZEWSKI	
ADDRESS		11440 West Bernardo Court, Suite 157 San Diego, California 92127-1642 USA	
Telephone: 858-451-9950		Fax No.: 858-451-9869	
Name (print/type)	Gerald Maliszewski	Registration No.: (Attorney/Agent)	38,054
Signature		Date	12/17/01

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J1057 U.S. PTO

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FEE TRANSMITTAL

Attorney Docket No.	applied 108
First Named Inventor:	Yun et al.
Application Number	
Filing Date:	
Examiner Name:	
Group/Art Unit:	

TOTAL AMOUNT OF PAYMENT:	\$
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 502033 Deposit Account Name: Law Office of Gerald Maliszewski <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

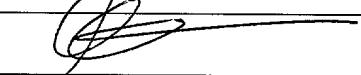
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 740.00	\$370.00	\$ 740.00
Total Claims	30 - 20 =	10	X \$ 18.00	X \$ 9.00	\$ 180.00
Independent Claims	5 - 3 =	2	X \$ 84.00	X \$ 42.00	\$ 168.00
Multiple Dependent Claim(s) (if applicable)			\$ 280.00	\$140.00	\$ 000.00
Total of above Calculations =					\$ 1088.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 166.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	Gerald Maliszewski	Registration No.: (Attorney/Agent)	38,054
Signature		Date	12/17/01

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DATE OF DEPOSIT: December 17, 2001

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231.

Diane Maliszewski

NAME _____

Heane Maliszewski
SIGNATURE

SIGNATURE

PTO/SB/35

**REQUEST AND
CERTIFICATION UNDER
35 U.S.C. 122 (b)(2)(B)(i)**

**First Named
Inventor**

Yun et al.

Title

**SYSTEM AND METHOD FOR
SIMULTANEOUS DEFICIT ROUND
ROBIN PRIORITIZATION**

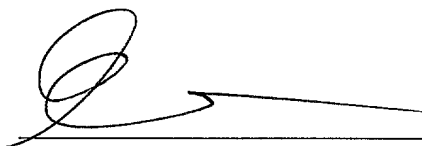
Atty. Docket No.

applied_108

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

12/17/01

Date



Signature

Gerald Maliszewski, Reg. No. 38,054

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing data for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**